

ERNS INCIDENT NOTIFICATION REPORT

ASSESSMENT

Regional Case Number:

PA 960031

22

Reported (mm/dd/yy): 10/10/95		Time (hh/mm):		Multiple Report: <input type="checkbox"/>		Regional Time (hh/mm):	
Recorded By: L. Maguill		Multiple Regional Case Number:		ORIGINAL (Reg)			
Through NRC: <input type="checkbox"/>		NRC Case Number: NONE		SSI Report: <input type="checkbox"/>		CR Number:	
A. REPORTER		Confidentiality Requested: <input type="checkbox"/>		* Reported By: Chief Joe Cliffe		ORIGINAL (Reg)	
* Privacy Act		Organization Name: Chester Fire Dept					
Organization: (check one)		<input type="checkbox"/> Discharger <input type="checkbox"/> Public <input type="checkbox"/> State <input checked="" type="checkbox"/> Local <input type="checkbox"/> Federal <input type="checkbox"/> Unknown					
* Address:		* Phone: ()		ext.			
City: Chester		County: Delaware		State: PA		Zip:	
B. Discharger		Same As A. <input type="checkbox"/>		Organization: (check one)		<input type="checkbox"/> Private Co. <input type="checkbox"/> Public <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Unknown	
Discharger Name:		Phone: ()		ext.			
Contact Name: Frank Sullivan		2nd Phone: ()		ext.			
Address: 1020 Morton Ave		Facility ID Number:					
City: Chester		County: Delaware		State: PA		Zip:	
C. Incident		Same As A. <input type="checkbox"/>		Street or Approx. Location:			
Location		Same As B. <input checked="" type="checkbox"/>					
City:		County:		State:		Zip:	
D. Date		Discovery Date (mm/dd/yy):		Spill Date (mm/dd/yy): Ongoing		Spill Time (hh/mm):	
Material		Material Type: (check one)		<input type="checkbox"/> Unknown <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Haz Sub <input type="checkbox"/> Other			
Material Name		CHRIS		CAS No.		UN DOT No.	
1. PCBs						Quantity	
2. Volatile Organics						Units (Circle One)	
3.						Quant. In Water	
F. Source		Source of Spill: <input type="checkbox"/> Highway <input type="checkbox"/> Railway <input type="checkbox"/> Pipeline <input type="checkbox"/> UST <input checked="" type="checkbox"/> Fixed Facility <input type="checkbox"/> Other					
(Check Any)		<input type="checkbox"/> Air Transport <input type="checkbox"/> Vessel <input type="checkbox"/> Offshore <input type="checkbox"/> AST <input type="checkbox"/> Unknown					
Vehicle ID or Carrier No.:		Number of Tanks:		Tank Capacity:		Tank Units: (circle one)	
Source Description:						lb bbl drn unk gal ton oth	
G. Medium		Medium Affected: (Check Any)		<input type="checkbox"/> None <input checked="" type="checkbox"/> Land <input type="checkbox"/> Groundwater <input type="checkbox"/> Other			
		<input type="checkbox"/> Air <input type="checkbox"/> Water <input checked="" type="checkbox"/> Within Facility <input type="checkbox"/> Unknown					
Way Affected: none							
Cause		Reported Cause: <input type="checkbox"/> Transportation Accident <input type="checkbox"/> Operational Error <input type="checkbox"/> Dumping <input type="checkbox"/> Other					
(Check Any)		<input type="checkbox"/> Equipment Failure <input type="checkbox"/> Natural Phenomenon <input checked="" type="checkbox"/> Unknown					
Cause Description: PCBs cause is vandalism							
I. Damage		No. of Injuries: <input type="checkbox"/> None		No. of Deaths: <input type="checkbox"/> None		Property Damage > \$50,000: <input type="checkbox"/>	
J. Actions		Evacuation: <input type="checkbox"/>		Response Actions Taken:			
K. Notified		Caller Has Notified: (Check Any)		<input type="checkbox"/> State/Local <input type="checkbox"/> Discharger <input type="checkbox"/> USCG <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
Agency Name:							
L. Comments		Comments:					
M. Response And Evaluation		Response Comments:		Additional Information: (See Reverse Side) <input type="checkbox"/>			
Agency Name: Chester Fire Dept		(Check One) <input checked="" type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Discharger <input type="checkbox"/> Federal <input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
Agency Name: Chester Fire Dept		(Check One) <input checked="" type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Discharger <input type="checkbox"/> Federal <input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
Agency Name:		(Check One) <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Discharger <input type="checkbox"/> Federal <input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown					



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